STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, staff interviews, and review of facility documentation and policy, the facility failed to ensure that the Ombudsman was notified of the transfer/discharge for 3 of 4 sampled residents (#115, #118, & 110). The deficient practice could lead to notifications and pertinent information regarding the discharge/transfer not being provided. Findings include: -Resident #110 was admitted to the facility on [DATE] with diagnoses that included encounter for other orthopedic aftercare of right hip fracture, hemiplegia of the right dominant hand, failure to thrive, dementia, and type 2 diabetes mellitus. The care plan initiated on October 4, 2025, revealed a focus on failure to thrive, diabetes, high blood pressure, seizure, urinary tract infection, dementia, and anorexia. The goal would be for the resident to be free from complications related to infection. The interventions included to administer medications as ordered and to monitor and document for side effects and effectiveness; dietary consult for nutritional regimen and ongoing monitoring; monitor, document and report to medical doctor as needed any signs and symptoms: headache, visual problems, confusion, disorientation, lethargy, nausea, vomiting, irritability, seizure activity, decreased appetite, and difficulty breathing; and keep routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion. Review of the clinical record revealed that a nurse practitioner was updated on Resident #110's status, the resident had a decreased by mouth intake at breakfast, lunch and with med pass; had a facial and eye twitching; the Resident was unable to follow commands; and the Resident's vital signs were, blood pressure of 118/57, heart rate of 112, and respiratory rate of 24. Resident #110's family member was at bedside, and the family member requested Resident #110 to be transported to the emergency room. Resident #110 was sent out to the hospital on October 11, 2025. There was no evidence found in the clinical record and facility documentation that the Ombudsman was notified of the resident's transfer to the hospital. -Resident #115 was admitted to the facility on [DATE] with diagnoses of dysphagia, dysarthria, cerebral edema chronic ischemic heart disease, atrial septal defect, type 2 diabetes mellitus, atherosclerotic heart disease, parkinsonism, gout, and spinal stenosis. Review of the Order Summary Report revealed a physician order dated June 30, 2025 indicating that the resident may discharge home with remaining narcotics. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Discharge Summary and Post-Discharge Plan of Care dated June 30, 2025 documented a planned discharge scheduled for July 1, 2025. A Discharge Summary – Nursing note dated June 30, 2025 documented that the resident was given instructions for ongoing care, information on community resources, and patient advocacy. Furthermore, review of the resident's signed Transfer/Discharge Report dated July 1, 2025 revealed that it included an inventory of resident's personal effects, list of medications, and medication prescriptions. Review of the resident's face sheet revealed that he is his own financial responsible party. Additionally, the face sheet indicated the resident's wife as his emergency contact and listed her contact information. Additionally, the face sheet noted that the resident was discharged home on July 1, 2025. A discharge Minimum Data Set (MDS) assessment dated [DATE] revealed the reason for the assessment as discharge – return not anticipated. The MDS indicated that the resident was discharged to home/community. Per the assessment the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating that he was cognitively intact. Further review of the resident's clinical record did not reveal any documentation of ombudsman notification regarding the discharge. Additionally, there was no facility documentation available regarding ombudsman notification. -Resident #118 was admitted to the facility on [DATE] with diagnoses that included paroxysmal atrial fibrillation, neuropathy, and morbid obesity. A Discharge Summary – Nursing note dated December 22, 2025 documented that the resident was given instructions for ongoing care, information on community resources, and patient advocacy. The Order Summary Report revealed a physician order dated December 23, 2025 for the resident to discharge home on December 24, 2025. Review of the resident's face sheet revealed that the resident was her own financial responsible party. The face sheet indicated the resident's friend was her emergency contact and listed the friend's contact information. Additionally, the face sheet noted that the resident was discharged to home on December 24, 2025. The discharge Minimum Data Set (MDS) assessment dated [DATE] revealed that the reason for the assessment was discharge – return not anticipated. The MDS indicated that it was a planned discharge to home/community. Additionally, the MDS noted a Brief Interview for Mental Status (BIMS) score of 15 indicating that the resident was cognitively intact. Furthermore, review of the resident's signed Transfer/Discharge Report dated December 24, 2025 revealed that it included an inventory of resident's personal effects, list of medications, and medication prescriptions. Further review of the resident's clinical record did not reveal any documentation of ombudsman (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	notification regarding the discharge. Additionally, there was no facility documentation available regarding ombudsman notification. An email correspondence with the Ombudsman office dated January 5, 2026 stated that they have not received discharge notices since June 2024. An email correspondence with the Director of Nursing (DON/staff #48) dated January 6, 2026 annotated that notification to ombudsman is verbal and occurs during ombudsman visits. An interview with the Social Services Manager (SS Mgr/staff #108) was conducted on January 6, 2026 at 12:15 p.m. Staff #108 admitted that when it came to ombudsman notification, she failed to do it the right way. Staff #108 said that she was in communication with the ombudsman. According to staff #108 she has been made aware that she has to notify the ombudsman if someone discharges from long-term care. Staff #108 stated she assumes that the ombudsman is a resource for resident and might need it as resident discharges as to why it is important to notify the ombudsman of transfer/discharge. Staff #108 noted that she does not know how to answer what the impact of not notifying the ombudsman of transfer/discharge. Staff #108 admitted that she had not started notifying the ombudsman formally. An interview with the Director of Nursing (DON/staff #48) was conducted on January 6, 2026 at 5:59 p.m. The DON stated that her expectation is that Social Services notify the ombudsman of discharges. According to staff #48 the ombudsman participates in resident council and visits with the social worker but was not sure of the extent of their interaction. The DON noted that it is important to notify the ombudsman of transfer/discharge since the ombudsman is the advocate for the residents. Per the DON the impact of failure to notify the ombudsman of transfer/discharge is that the residents might not get the services or additional resource for them. The DON admitted that the facility did not know that the ombudsman notification had to be in writing. Review of the facility policy titled Discharge or Transfer revised June 2023 indicated that it was the facility's policy to provide the resident with a safe, organized, structured transfer and or discharge. Further review of the facility's policy for discharge/transfer did not reveal that it addressed transfer/discharge notification to resident/resident representative. Additionally, the policy did not indicate what the required information are that is to be provided to the resident/resident representative. Furthermore, the policy did not state that the ombudsman would be notified of transfer/discharge. Per the State Operations Manual Appendix PP, revision 232, the facility must notify in writing the resident and the resident's representative of the transfer/discharge which includes the following items: The reason for the transfer or discharge; The effective date of the transfer or discharge; The location to which the resident is transferred or discharged (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A statement of the resident's appeal rights including the name, address and telephone number of the entity which receives the request, and information on how to obtain an appeal form and assistance I completing the form and submitting the appeal hearing request The name, address and telephone number of the Office of the State Long-Term Care Ombudsman The contact information for the agency responsible for the protection and advocacy of individual with developmental disabilities (if applicable) The contact information for the agency responsible for the protection and advocacy of individual with mental disorder (if applicable) Additionally, the facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, resident and staff interviews, facility documentation, and policy review, the facility failed to ensure that food items were palatable, and at a safe and appetizing temperature. The deficient practice could decrease residents' desire to eat which could impact their nutrition status and lead to slower recovery from illnesses or injury. Findings include:Review of the facility's 2025 Grievance log revealed the following food related grievances for the following months:January: general dietary/food concernsAugust: dietary concerns regarding temperatureOctober: food preference issues (2 different residents)November: general dietary/food concernReview of the 2025 Resident Council Meeting Minutes documented the following food related issues brought up by attendees during the indicated month's meeting:January: concerns regarding menu varietyFebruary: concerns regarding food portionsMarch: concerns regarding food portionsApril: concerns regarding food portionsJune: concerns with dietary restrictionsJuly: indicated that residents were educated regarding proper food serving temperaturesDuring screening interviews conducted with residents on January 4, 2026, multiple residents expressed to various surveyors that food was not appetizing because of temperature and taste. The following were resident comments regarding food: Resident #23 stated on January 4, 2026 at 9:21 a.m. that the food is shit and cold;Resident #20 said on January 4, 2026 at 9:40 a.m. that food is repetitive and not appealing;Resident #18 indicated on January 4, 2026 at 10:02 a.m. that her main concern is food because it does not look appealing. Additionally, the resident noted that food looks edible but most of the time, it is not;Resident #72 stated on January 4, 2026 at 10:18 a.m. that food sucks-not appealing;Resident #48 noted on January 4, 2026 at 12:25 p.m. that food is always cold and that he had constantly complained to staff about food;Resident #123 commented on January 4, 2026 at 2:02 p.m. that food is kind of yucky; and, Resident #73 said on January 4, 2026 at 3:51 p.m. that food is not good and always coldA lunch test tray was ordered on January 5, 2026 and arrived in the conference room at 12:46 p.m. The test tray sample consisted of fettucine alfredo with chicken, steamed broccoli, garlic breadstick, mashed potatoes and gravy. The items were temperature checked and the readings were as follows:Fettucine alfredo with chicken: 148.2 ? FahrenheitSteamed broccoli: 152.3 ? FahrenheitMashed potatoes: 138.9 ? FahrenheitGravy: 158.8 ? FahrenheitThe portion size was adequate. However, the steamed broccoli was grayish-green in color, was bland, overcooked and mushy. The fettucine alfredo with chicken had the chicken pieces looked like tuna flakes. The garlic breadstick tasted stale. A group interview with residents which included resident council members was conducted on January 5, 2026 at 2:37 p.m. There were approximately 12 attendees; and, the following issues were voiced out the attendees:Food is unappealing and tasteless;Food is mushy and tasteless;When you ask for more they are told that the kitchen is out of that item; and, Double portions look the same as regular portionAn interview with the Social Services Manager (staff #108) was conducted on January 6, 2026 at 12:15 p.m. Staff #108 stated that previously food concerns were trending during resident council meetings. However, the complaints pertaining to food had gone down.During an interview with the Dietary Supervisor (staff #39) conducted on January 6, 2026 at 3:02 p.m., staff #39 stated that dietary staff attends resident council meetings. Per staff #39 food concerns were normally brought up during resident council or via nursing staff from the resident; and that, whenever a food temperature issue comes up, she goes and temps the food served in the dining room and resident room. Staff #39 said that they had no complaint/s regarding the food not being appealing or appetizing. However, if she was to receive such a complaint, she would offer a substitute meal to the resident. Further, staff #39 said that it was important to provide food that is nutritious, appealing, and appetizing since it is what helps residents; and that, the impact of not having nutritious, appealing, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035131	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Creek Health & Rehabilitation Center	1045 Scott Drive Prescott, AZ 86301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	appetizing meals is that residents would lose weight, wounds would not heal, and residents could get sick.An interview with a Certified Nursing Assistant (CNA/staff #91) was conducted on January 6, 2026 at 4:17 p.m. The CNA stated that residents have complained about food being cold; and, this was because there was not enough staff so food is not delivered on time. Additionally, she stated that residents had complained to her about food not being appetizing or appealing.During an interview with the Director of Nursing (DON/staff #48) conducted on January 6, 2026 at 5:59 p.m., the DON stated that her expectation was that food served to residents were edible, meet nutritional guidelines and portion, hot, and appropriate temperature. The DON stated that this was important so residents would eat and are provided nutritional intake; and, the impact of food not being nutritious, appealing and appetizing is that residents could lose weight, could suffer from adverse reaction if they have condition such as diabetes, and wounds could be created. In an interview with another CNA (staff #12) conducted on January 7, 2026 at 7:15 a.m., the CNA stated that residents have told her that food was not appealing or appetizing. The CNA indicated that when this occurs, then residents are asked if they want an alternative. Further, the CNA the potential impact of residents not being provided meals that are appealing/appetizing is that the residents would not get enough nutrients if they do not eat. This could lead to residents getting sick and their health declining.During an interview with a Licensed Practical Nurse (LPN/staff #69) conducted on January 7, 2026 at 7:50 a.m., staff #69 stated that residents have approached her with food concerns pertaining to the food not being appealing or appetizing. Per the LPN if the resident does not like the menu, she offers them an alternative as a substitute. According to the LPN if the resident is not provided appealing/appetizing meals then the resident might not receive the appropriate nutrition needed which could lead to deficiency. This could cause healing to be affected.Review of the undated facility policy titled Food Temperatures revealed that foods should be transported as quickly as possible to maintain temperatures for delivery and service. The facility policy titled Menus revised May 2022 indicated that it is the policy of the facility to assure that menus are developed and prepared to meet the nutritional needs of the residents and resident choices while using established national guidelines. Further review of the facility's policies pertaining to dietary/kitchen services did not reveal that it addressed food items being appetizing or appealing.